Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	
Chapter Section	Page Revision Date	

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	
Chapter Section	Page Revision Date	

CLIENT ELIGIBILITY

TABLE OF CONTENTS

	<u>Page</u>
Determining Eligibility	1
Eligibility Criteria	1
Assistance to Patients Possibly Eligible for State/Local Hospitalization Program Benefits	1
Third Party Liability	1
Amount, Duration, and Scope of Services Covered	2
State/Local Hospitalization Client Notification Form	2
State/Local Hospitalization Client Without a Notification Form	3
Exhibit I - Explanation of SLH Client Notification Form	4
Exhibit IA - Client Notification Form	6
Exhibit IB - Your Rights Under the State/Local Hospitalization Program	7
Insurance Information Section	8
Exhibit II Insurance Company Codes	9
Exhibit III Type of Coverage Codes	27

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	1
Chapter Section	Page Revision Date	
Eligibility Information		

CLIENT ELIGIBILITY

DETERMINING ELIGIBILITY

Local departments of social services determine eligibility. Refer inquiries from persons who wish to apply for State/Local Hospitalization (SLH) to the Department of Social Services (DSS) in the locality in which the applicant resides. DMAS will not pay providers for services, supplies, or equipment until eligibility has been determined. Clients are eligible for SLH benefits for 180 days. In some instances, clients may be recertified for an additional 180-day eligibility period, but this requires an additional application.

ELIGIBILITY CRITERIA

To be eligible for the SLH Program, an individual must:

- Be a bona fide resident of the locality in which he or she has applied;
- Have net countable income equal to or less than 100% of the Federal Poverty
 Income Guidelines (those localities that used higher income levels in fiscal year 1989
 may continue to use those same income levels); and
- Have net countable resources equal to or less than the current resource standards of the Federal Supplemental Security Income Program.

ASSISTANCE TO PATIENTS POSSIBLY ELIGIBLE FOR STATE/LOCAL HOSPITALIZATION PROGRAM BENEFITS

If a patient is unable to pay for services rendered, the provider may refer the patient or the patient's representative to the local social services department for an application for SLH. DSS will notify the patient of eligibility or ineligibility. The SLH Program assumes no financial responsibility for services rendered prior to the effective date of the client's eligibility.

THIRD PARTY LIABILITY

Benefits available under SLH shall be reduced to the extent that they are available through other sources of payment.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	2
Chapter Section	Page Revision Date	
Eligibility Information		

Health insurance benefits shall be used to the fullest extent in meeting the medical needs of the SLH client. Supplementation of available benefits shall be as follows:

- Workers' Compensation—No SLH payments shall be made for a patient covered by Workers' Compensation.
- <u>Health Insurance</u>—When a client has health insurance (such as CHAMPUS, Blue Cross/Blue Shield, or Medicare), SLH requires that these benefits be used first. Supplementation shall be made by SLH when necessary, but the combined total payment from all insurance shall not exceed the amount payable under SLH had there been no insurance coverage.
- <u>Supreme Court</u>—Temporary Detention Orders are funded by the Supreme Court of Virginia and administered by DMAS. SLH requires that these benefits be used first. Supplementation shall be made by SLH when necessary, but the combined total payment shall not exceed the amount payable under SLH had there been no insurance coverage.

See Exhibits II and III for insurance company and type of coverage codes.

AMOUNT, DURATION, AND SCOPE OF SERVICES COVERED

The amount, duration and scope of services identified as covered by the SLH Program shall be comparable to the amount, duration, and scope of the same services covered by the Medicaid Program.

STATE/LOCAL HOSPITALIZATION CLIENT NOTIFICATION FORM

The SLH Client Notification Form verifies eligibility. Individuals eligible for benefits of the SLH Program will not receive eligibility identification cards. Applicants for SLH will receive a "Client Notification" form (See Exhibits IA and IB). This form indicates the action that has been taken on the application for SLH once the local department of social services has determined eligibility. Once the local department of social services has determined eligibility, DSS sends a copy of this form to the medical provider who treated the applicant during the period for which SLH benefits are being sought.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	3
Chapter Section	Page Revision Date	
Eligibility Information		

STATE/LOCAL HOSPITALIZATION CLIENT WITHOUT A NOTIFICATION FORM

If an individual seeking SLH services does not have a current SLH Client Notification Form, the provider can call the local department of social services for verification of eligibility. The eligibility period for an SLH client is 180 days.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	4
Chapter Section	Page Revision Date	
Eligibility Information		

EXHIBIT I

EXPLANATION OF SLH CLIENT NOTIFICATION FORM

Item 1 Client Identification Information

This section identifies the client's name and address.

Item 2 Actions Taken on the State/Local Hospitalization Applications

This section notifies the applicant of the action taken on the SLH application.

Item 3 Information on Applicant Rights

This section informs the applicant of the client rights printed on the back of the notification form. (See Exhibit IB.)

Item 4 Case Worker Information

The case worker signs and enters his or her number in this section, along with the date of completion of the notification form.

Item 5 Enrollment Information

This section identifies the client's identification number, Social Security Number, and other information necessary for enrollment.

Item 6 Coverage Dates, Cancel Reason/Date, Application Date

Application for SLH must be made within 30 days of discharge from a hospital or within 30 days of the date of service. The coverage period cannot exceed 180 days. This section also includes the cancellation reason and cancellation date.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	5
Chapter Section Eligibility Information	Page Revision Date	

Third Party Information

The insurance section of the SLH Client Notification Form indicates what type of insurance coverage the applicant has in addition to SLH. This information includes the type of insurance, the company name, the policy number, and the begin and end date of insurance coverage. See Exhibits II and III in this chapter for the insurance company codes. These are the same insurance company codes used for the Virginia Medicaid Program.

Item 8 SLH Program Treatment Received

The SLH Program covers only the following services (with limitations):

- Acute inpatient hospital services;
- Acute outpatient hospital services;
- Ambulatory surgical services; and
- Public health clinic services.

This section indicates the type of SLH covered services received by the applicant and the number of days or number of visits.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	6
Chapter Section Eligibility Information	Page Revision Date	

EXHIBIT IA CLIENT NOTIFICATION FORM

EPARTMENT OF SOCIAL SI	NIA ERVICES				
STATE	LOCAL HOS	PITALIZAT	ION CLIEN	TNOTIFICATION	
Pint.		м	Leit		_'
ddress:					
ON		State	Zu		
our application for State/Local Ho	ospitalization (SLH) w	vas:			
Approved.					
Denied. Reason:					
Denied, Heason:					
Action was not taken on yo Reason:	our application for SL	H within 30 day	s after application	n was made.	
			-		
You will be notified of the a					
OR ADDITIONAL INFORMATION	N ABOUT YOUR RIC	CHTS UNDER	THE STATE/LOC	AL HOSPITALIZATION P	ROGRAM, TURN TH
OHM OVER AND READ THE IN	IFORMATION ON TE	IE BACK OF II	nis PAGE.		
Elgb	ility Worker Signature			Date	9
	FOR	LOCAL ACE		,	
	FUR	LUCAL AGE	NCY USE ONL		
SLH Recipient	FOR	Cit	y/	Case Worker	v.
Number:		01 Cit	y / unty:	Case Worker	
Number:	FOR	01 Cit	y / unty:	Case Worker	
Number:		01CitCo	y / unty:	Case Worker Birth:	
Number:		01 Cit	y / unty:	Case Worker	
SSN:COVERAGE DATES BEGIN END	PD	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
SSN:COVERAGE DATES BEGIN END		- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty:	Case Worker Birth:	
SSN:COVERAGE DATES BEGIN END	PD	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
SSN:COVERAGE DATES BEGIN END	PD	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
SSN:COVERAGE DATES BEGIN END	PD	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
SSN:COVERAGE DATES BEGIN END	PD	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
Number: SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Ti	PD Insur.	- 01 Cit_ Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE:	
Number: SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Ti	PD Insur.	- 01 Ch Co Race: CANCEL RSN/DT	y / y / Sex:	Case Worker Birth: APPLICATION DATE: _ Begin Date	End Date
SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Ti	PD Insur.	- 01 Ch Co Race: CANCEL RSN/DT	y / y / Sex:	Case Worker Birth: APPLICATION DATE: _ Begin Date	End Date
Number: SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Ti	PD Insur.	-01 Ch Co Race:	y / vunty: Sex:	Case Worker Birth: APPLICATION DATE: Begin Date No. of	End Date
Number: SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Ty Traasmant Needed: (check applic Inpatient Hospital, Name: Outpasient Hospital, Name:	PD Insur.	-01Cit Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE: Begin Date No. of	End Date
Number: SSN: COVERAGE DATES BEGIN END MEDICAL RESOURCES: Transment Needed: (check applic	PD Insur.	-01Cit Co Race: CANCEL RSN/DT	y / unty: Sex:	Case Worker Birth: APPLICATION DATE: Begin Cate No. of No. of	

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	7
Chapter Section	Page Revision Date	
Eligibility Information		

EXHIBIT IB

YOUR RIGHTS UNDER THE STATE/LOCAL HOSPITALIZATION PROGRAM

The State/Local Hospitalization Program (SLH) is a state and locally funded program to assist individuals who are unable to pay for medical care. SLH will pay contracting providers only for acute inpatient hospital care, acute outpatient hospital care, ambulatory surgical services, and public health clinic services.

The purpose of this form is to tell you whether or not you have been found eligible for SLH. The form is also being sent to the medical provider you told us is treating you and to the Department of Medical Assistance Services so they will know whether you are eligible for SLH.

The state has limited funds in the SLH Program to pay for medical services for eligible persons. If you are informed that you are eligible for SLH, your bills will be paid only to the extent that there are funds available. When the money in the budget is used up, the SLH Program will not be able to pay your bill even if you are eligible.

If SLH pays your bill, the hospital or clinic may not bill you any more for the services. However, if your bill is not paid by the SLH Program, the hospital or clinic may bill you for the amount you owe.

If you are found ineligible or your bill is not paid, and you disagree with the action taken, you have the right to appeal to the Virginia Department of Medical Assistance Services, Appeals Division, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219. You must appeal within 30 days of the receipt of this notice. Forms for making an appeal will be provided by the local social services department or by the Virginia Department of Medical Assistance Services.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	8
Chapter Section Eligibility Information	Page Revision Date	

INSURANCE INFORMATION SECTION

The Insurance Information Section of the SLH Client Notification Form indicates in more detail what type of insurance coverage the client has in addition to SLH. This information includes specific insurance companies, dates of coverage, policy numbers, and a code that specifies the particular type of coverage of the policy. These items are:

Carrier Code	A three-digit code indicating the name of the insurance carrier, 001 for Medicare. (See the Insurance Company Code List for these code numbers in Exhibit II.)
Dates	The first date on which this insurance policy was effective.
Type Code	An alpha character describing the type of coverage provided by the policy, such as a "T" for dental coverage. (See Exhibit III, Type of Coverage Code List, for these codes.)
Policy Number/ Medicare Code	The specific policy or Medicare number for the insurance identified by the Carrier Code.

Only insurance information for active policies during the period for which the client is certified as eligible for SLH will be listed. If there is no insurance, the insurance information portion of the form will be left blank. Otherwise, up to five different policies may be indicated for each client.

Workers' Compensation and other liability insurance (e.g., automobile liability insurance or home accident insurance) **are always considered as primary carriers** for cases where coverage is applicable to the injury being treated. Because the SLH Client Notification Form cannot indicate this coverage, it is necessary that cause-of-injury information be obtained from the patient.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	9
Chapter Section	Page Revision Date	
Eligibility Information		

EXHIBIT II INSURANCE COMPANY CODES

CODE	NAME
001	Medicare
002	Absent Parent
003	Not Listed
004	American Comm Mut Life Ins Co
005	Academy Life Ins Co
006	Aetna Life Insurance Co
007	Allstate Insurance Co
008	American Defender Life Ins Co
009	American Fidelity Assur Co
010	American Heritage Life Ins Co
011	American Mut Liability Ins Co
012	American Reserve Life Ins Co
013	Appalachian Life Ins Co
014	Wilset Asociates Ins
015	Walmart Assoc Hlth Plan
016	American Income Life Ins
	Co
017	American Senior Citizens
018	American Cancer
019	American Integrity Ins Co
020	Bankers Fidelity Life Ins Co

CODE	NAME
CODE	NAME
021	Bankers Life And Casua Ins
	Со
022	Bankers Life Ins Co Of Ne
023	Beneficial National
024	Blue Ridge Insurance Co
025	Builders Life
026	American Family Life Assur
	Со
027	Atlantic Life Insurance Co
028	American Motorists Ins Co
029	Benefical Multiple Ins
030	Trigon Bc/Bs Of Virginia
031	Blue Cross Blue Shield Sw
	Va
032	Blue Cross Blue Shield No
	Va
033	Blue Cross Blue Shield Md
034	Blue Cross Blue Shield Tn
	Chat
035	Blue Cross Blue Shield Of
	Ky
036	Other Bc Bs
037	Commonwealth Life Ins Co
	Of Ky
038	Constitution Life Ins Co
039	Columbia Mutual

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	10
Chapter Section	Page Revision Date	
Eligibility Information		

	1
CODE	NAME
040	Champus
041	Champva
042	Charter Security
043	Chesapeake Life Ins Co
044	The Citadel Life Ins Co
045	Citizens Home
046	Coastal States Life Ins Co
047	Colonial Life Accident Ins
	Со
048	Colonial Penn Insurance Co
049	Combined Ins Co Of
	America
050	Connecticut Gen Life Ins Co
051	Continental Casualty
	Company
052	Centrl St Hlth Lif Ins Omaha
053	Deer
054	Founders Life Assurance Co
055	Klais & Company
056	"Benefit Admin Of America,
	Inc"
057	Durham Life Insurance Co
058	Group Health Association
	Inc
059	Guarantee Trust Life Ins Co
060	Eastern Insurance Company
061	Emmco Insurance Company
062	Employers Life Ins Co
	Wausau
063	Equitable Life Assurance
064	Equity National Life Ins Co
065	Darden Restaurants

	1
CODE	NAME
066	Group Health Association
	Inc
067	Guardian Life Ins Co Of
	Amer
068	Health Benefit Administrators
069	Aetna Ins Co Fort Wayne
070	Federal Home Life Ins Co
071	Nat'l Claim Admin Serv
	(Ncas)
072	Federated Life Ins Co
073	Fidelity Bankers Life Ins Co
074	Firemans Fund Ins Co
075	Metro Machine Corp
076	Hunt Taylor
077	First Virginia Life Ins Co
078	The Franklin Life Ins Co
079	Ideal Mutual
080	Itt Life Insurance Co
081	Ina Benfit Ser
082	Gen Fidelity
083	Globe Life Insurance
	Company
084	Geotwn Com Hth Plan
085	Gov Emp Life Ins
086	Gulf Life Insurance Co
087	Beverly Enterprises
088	Independent Life Accid Ins
	Co
089	The Lincoln Natl Life Ins Co
090	Hartford Life Insurance Co
091	Herald Life Insurance Co
092	Home Beneficial Life Ins Co

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	11
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
093	Home Life Group Bene Serv
094	People Security Insurance
	Со
095	Laborers Dist Cou Va Hlth Welf
096	Life Investors Ins Co Of
	Amer
097	Medico Life Insurance Co
098	Montgomery Ward Life Ins Co
099	Independence
100	Integon Life Insurance Corp
101	Integrity Natl Life Ins Co
102	Inter State Assurance
	Company
103	Investors
104	Natl Assoc Gover Employ
105	Natl Senior Citizens Group
106	National Travelers Life Co
107	John Hancock Mutual Lif Ins Co
108	National Benefit Life Ins Co
109	Great West Life Assur.Co-
	Md
110	Kentucky Central Life Ins
	Co
111	Key Life
112	Natl Accident And Hlth
113	Natl Life And Accid Ins Co
114	National Casualty Co
115	Liberty Life Ins Co

CODE	NAME
116	Liberty National Life Ins Co
117	Life And Casualty Ins Co Tn
118	Life Ins Co Of Georgia
119	Life Ins Co Of North
	America
120	The Life Insurance Co Of Va
121	Lincoln Income Life Ins Co
122	Lone Star Life Insurance Co
123	Lumbermens
124	Orange State Life Hlth Ins
	Со
125	Peoples Security Life Ins Co
126	Protective Life Ins Co
127	The Pyramid Life Insurance
	Со
128	Maryland Life
129	Massachusetts Gen Life Ins
	Со
130	Massachusetts Mut Life Ins
	Со
131	Mayflower National Life Ins
	Со
132	Med Indemnity Co
133	Metropolitan Casualty Ins
	Со
134	Midland Mutual Life Ins Co
135	Mid South Ins Co
136	Mid States
137	Midwest National Ins Corp
138	Mutual Of Omaha Ins Co
139	Mutual Life
140	Benefit Plan Strategies

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	12
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
141	Nyhart (Wynn's Precision)
142	Southeast Life
143	Natl Amer Lif Ins Co Of Pa
144	Business Admin &
	Consultants
145	National Home Lif
	Assurance C
146	Intercare Benefit Systems
147	National Life Insurance Co
148	National Savings Life Ins Co
149	Natl Un Fire Ins Pittsburg Pa
150	Nationwide Life Insurance
	Со
151	New York Life Insurance Co
152	North American Ins Co
153	Northwestern Natl Life Ins
	Со
154	Ufcw Hlth And Welfare
	Fund
155	Southwestern Life Ins Co
156	Occidental
157	Optometric Serv Corp
158	Sentry Life Ins Co
159	Standard Life Sec Ins Co Of
	Ny
160	Paul Revere Life Ins Co The
161	Penn Mutual Life Ins Co
162	Jc Penny Life Ins Co
163	Pension Life Ins Co Of
	America
164	Physicians Life In Co
165	Jefferson Pilot Life Ins Co

	T
CODE	NAME
166	Pioneer Life Ins Co Of Il
167	Providen Life & Accident Ins C
168	Prudential Ins Co Of America
169	"Confed Admin Services, Inc"
170	C & O Railroad
171	Senior Amer
172	Reliance
173	Republic American Life Ins Co
174	National Financial
175	Royal Globe
176	Trust
177	Union Labor Life Ins Co
178	Union Bankers Ins Co
179	United Equitable Ins Co
180	Safeco
181	Scholastic
182	Trigon Administrators - Va
183	Shenandoah Life Ins Co
184	Southern Aid Life Ins Co Inc
185	Southland Life Ins Co
186	Southwest General
187	State Farm Fire & Casualty Co
188	Sun Life Assurance Co Of Canad
189	Itpe-Nmu
190	Network Health Plan Corp
191	United Chamber Assur Pln

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	13
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
192	Trans-General Life Ins Co
193	Travelers
194	Twentieth Century Life Ins
	Со
195	Aetna-Fmc Corporation
196	Union Central Life Ins Co
	The
197	Usaf Dept Of Defense
198	United Family Life Ins Co
199	Usaa Life Ins Co
200	Union Security Life Ins Co
201	United American Ins Co
202	United Fire Insurance
	Company
203	United Min Work Of Amer
	Hlth
204	Universal Life Ins Co
205	Central Reserve Lif Of N
	Amer
206	United Ins Co Of Americal
207	National Foundation Life Ins
	С
208	Western And Southern Life
• • • •	Ins
209	Zeba Trust
210	Aluminum Wkrs
211	Amalgamated Clothing &
212	Textile Amel Mastautters
212	Amal Meatcutters
213	American Fed Of Govt Emp
214	Postal Wkrs Union
215	Asbestos Wkrs

CODE	NAME
216	Bake Conf Tab Wkrs
217	Bricklayers Union
218	Brhd Railway Clerks
219	Carpenters Union
220	Comm Wkrs Of Amer
221	Const Gen Lab Union
222	Int Asso Machinsts
223	Int Brhd Elect Wkrs
224	Int Un Op Engineers
225	Iron Workers Trust Fund
226	Millwrights Union
227	National Assoc Of Ltr
	Carriers
228	Mail Hand Wtmen Msgr
229	Plast & Cement
230	Plumbers & Steamfitters
231	Sheet Metal Workers' Local
	100
232	Teamsters Joint Council No 83
233	Food & Comm Wkrs
234	United Paperwkrs
235	United Steelwkrs
236	Warehouse Emp
237	Benefit Plan Services
238	Great American Ins Co
239	Bankers Multiple Line Ins Co
240	Va Dental Plan
241	Va Farm Bur Mut
242	Va Mut Benefit
243	Va Surety Co
244	Volunteer St

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	14
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
245	Emerson Elec Bene Plan T
246	Eastern Med Supply Polic
247	Harden & Co
248	Wausau Ins Co
249	Western Nat Life Ins Co
250	World Ins Co
251	"Health Care Adinistrators,
	Inc"
252	Crown Life Ins Co
253	Keystone Ins Co
254	Youthguard
255	United Benefit Life Ins Co
256	Va Hlth And Accident Assoc
257	Guarantee Reserve Lif Ins
	Со
258	National Liberty Life
259	George Washington Life Ins
	Со
260	Pennsylvania Life Ins Co
261	Old American Ins Co
262	Monumental Life Ins Co
263	Central Va Ufcw
264	Newport News Shipyard
265	Physician Mutual Ins Co
266	Reinsured Lex Group Ins
267	Employee Benefit Claims
268	Veterans Life Ins Co
269	Washington Area Corp Car
270	Wayne Admin Group Ins
271	New England Gen Life Ins
	Со
272	First Continental Life &

CODE	NAME
	Accid
273	Mountain Trail Insurance
274	Nat'l Home Health
275	Willis Corroon Admin Serv
276	Va Independent Coal Corp
277	United Of Omaha Life Ins Co
278	Nat'l League Of Postmast
279	"Benefits Plan Services, Inc"
280	Contract Drivers Ins Trust
281	Trans Amer Accidental Lf
282	Food Health Care
283	Richmond Benefical Life
284	Union Fidelity Life Ins Co
285	Southern Lumber Manf Spe
286	Union Plan Adminstratio
287	Woodmen Of The World Lif Ins
288	Washington National Ins Co
289	North Carolina Mut Lif Ins
	Со
290	Sperry Marine System
291	U S Dept Of Labor Blk Lg
292	Cif Service Center
293	Virginia Plan
294	The Ministers & Missionaries
	В
295	Kiser Insurance Co
296	Central Va Retail Clerk
297	Costal Plain Ins
298	N N Investors Life Ins
299	Student Accident Protect

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	15
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
300	Va Dental Service Plan
301	Weaver Associates
302	Horsemen Ben & Prot Assoc
303	Pacific Mutual Life Ins Co
304	The Ohio State Life Ins Co
305	Delta Dental Plan Of Va
306	Postmasters Benefit Plan
307	Equicor
308	Esmark
309	Optima Health Plan
310	Smithfield Food Health Plan
311	J P Kennedy Ins Co
312	Humana Ins Providers
313	Alliance Hlth Bene Plan
314	Hrsa/Ila
315	Rollins Ins Co
316	AARP
317	Time Insurance Company
318	Costal Health Care Plan
319	Hmo Plus
320	Health America
321	Quaker City
322	Monumental General Ins Co
323	Union Life/Hosp Indemnit
324	Union Federal National
325	Colonial Benefit
	Administrator
326	Prucare
327	Northeast Delta Insurance
328	H J Williams Company Ins
329	Beneficial Standard Lfe Ins
	Co

	T
CODE	NAME
330	Federal Life Ins Co
331	Bayly Martin & Fay Ins
332	Hmo Of Pennsylvania
333	Boilermaker Nat Hlth & Wel
	Fnd
334	Engineers Union 106
335	U S Fidelity & Guaranty
336	Avtex Fibers Inc
337	Stoufers Concourse Hotel
338	Loyal American Life Ins Co
339	Prudential Auto Dealer
340	Security Trst Lfe Ins Co Of
	Ga
341	State Mutual Ins Co Of
	America
342	Nat'l Capital Admin Servc
343	Kiser Georgetown Ins
344	Private Health Care Sys
345	Secare 65
346	Teachers Protective Mut Lfe
	In
347	Cceb Trust
348	Sea Farers
349	Cns Wholesale Grocery
350	Weyerhaeuser Group Ins
351	Mail Handlers Benefit Plan
352	Choice Ins Health Plan
353	Mwh Medicorp Medical Pln
354	Governmnt Employees Hosp
	Assoc
355	Vulcan Life Ins Co
356	John Alden Life Ins Co

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	16
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
357	Providers Allcare
	Administrato
358	Life & Hlth Ins Co Of
	America
359	Central Life Assurance Co
360	Ibex Benefits
361	Great Western
362	Confederation Life
363	Blue Cross/Blue Shield Of
	Mass
364	American Republic Ins Co
365	Hlth Care Plan Admin
366	Horace Mann Ins Co
367	General American Ins Co
368	Oxford Life Insurance Co
369	General American Ins Co
370	North Brook Insurance
371	Heritage Nat'l Hlth Plan
372	Global Ins Management
373	Florida Rock Industries
374	Veterans Of Foreign Wars
375	Hudson Group Adminis
376	Kaiser Permanente
377	Harvest Life Ins Co
378	Tennessee Company Group
379	Transport Life Insurance Co
380	"Control Data Systems, Inc."
381	Great West Life Assurance
	Co
382	Hechinger
383	Home Blds Assoc Of Va
	Hlth Bnf

CODE	NAME
384	Great West Life Assurance Co
385	Chesterfield Resorce Inc
386	Security Trst Lfe Ins Of Ga
387	Hilton Nevada Corp Grp Hlth Bn
388	Daystorm Ladd Furniture
389	Sentara Health Plan
390	Capitol American Life Ins Co
391	Principal Mutual Life Ins Co
392	Fieldcrest Mills
393	Hudson Group Administrator
394	Golden Rule Life Ins Co
395	Consumers United Life Ins
	Со
396	Comprehensive Benefits Serv
	Со
397	Dean Company Employee
398	"Planned Administrator, Inc."
399	Awana Clubs Int'l Group Ins
400	Dan River Mills Inc
401	Lincoln National Life Ins Co
402	Booke And Company
403	Medical Doctors Indiv
	Practice
404	Corporate Systems Admin
405	Transport Life Ins Company
406	C And A Insurance
	Company
407	Federal Express Corp Grp
	Hlth
408	Roses Interactive Medical

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	17
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
	Ser
409	Charles Co Employee
	Benefit Tr
410	Providers Allcare Adm
411	Settlers Life Ins Co
412	Northern Group Services Inc
413	Aid Association For
	Lutherans
414	Old Surety Life Of Texas
415	Pacific Fidelity Life Ins Co
416	Lane Co In Hlth Care Plan
417	Reynolds Metals Insurance
418	C And O Employees Hosp
	Assoc
419	Campbell Taggart Inc
420	Cobra Service
421	Bassett Walker
422	Atlanta Group Benefit Center
423	Long - Air Dox Co
424	Alta
425	United Furniture Workers Ins
426	Atlanta Life Insurance Co
427	Group Health Administrators
428	Medical Facilities Of
	America
429	Cigna
430	Advanced Insurance
	Service
431	Itt Hartford Life & Annuity
432	Health Claim Services
433	Fringe Benefit Review
434	Ngs American

CODE	NAME
CODE	NAME
435	Jefferson Pilot C/O Ampro
	Fish
436	Crum & Foster Ins
	Companies
437	T P A Of Georgia
438	Security Life Ins Co Of
	Amer
439	Mcdonough-Caperton
	Benefit Ser
440	"Pcs Health System, Claims"
441	Lawrence Musgrove Assoc
442	Washington Post - Self
	Insurer
443	"Optimum Choice, Inc"
444	B/C - B/S Of New York
	(Empire)
445	GHI
446	Benefit Plan Administrators
447	B/C - B/S Of Illinois
448	John Deere Life Ins
	Company
449	Nreca Nat'l Royal Electric
	Cor
450	H. L. Duke & Company
451	American National Ins Co
452	The Mutual Group
453	Acordia Local Gov'mnt
	Benefits
454	Am Foreign Serv Prot Assoc
455	E B Services Inc
456	Self Funded Plans Inc
457	Physicians Assoc

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	18
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
458	Fleetwood Industries
459	Paid Prescription Program
460	Southern Health Insurance
461	Health Plus
462	B/C - B/S Of North Carolina
463	Capital Care Bc Bs
464	National Health Ins Co
465	E D S Electronic Data
	System
466	Insurex Benefits
467	Benefit Consultant Services
468	Mamsova
469	Aetna Life Ins Co Nc
470	Tower Life Insurance Co
471	Serv Ben Plan Retail Pharm
	Pro
472	United States Life Ins Co
473	National Benefit Plans
474	Chesapeake Bay Fishing Co
475	John Hancock Ins Co
476	Group Health Cooperative
477	Amalgated Life Ins Co
478	Savers Life Ins Co
479	Metlife (Metropolitan)
480	Provident Life Ins Co
481	Roses Inc
482	Blue Cross/Blue Shield-Mi
483	Blue Cross Blue Shield Of
	Wv
484	Bma Business Men's
	Assurance
485	Health Strategies

CODE	NAME
486	Corporate Benefits Service
	Inc
487	Healthkeepers
488	Blue Cross Blue Shield Of Al
489	Bc/Bs Of Pa (Independence)
491	Aetna Life Ins Co Indiana
492	Kanawha Insurance Co
493	American Medical Security
494	Amer Postal Workers Union
	Plan
495	Travelers
496	Priority Hlth Care-
	Hlthkeepers
497	Natl Assoc Of Home
	Builders
498	Employers Health Ins Co
499	Borden Inc
500	Pan American Life Ins Co
501	The Guardian
502	Noble Loundes And Johnson
503	Continental General Ins Co
504	Southern Benefit Service
505	Amer Bankers Life Assur Of
	Fl
506	Nationwide Life Ins Co
507	Guarantee Mutual Life Ins
	Со
508	Piece Good Shops Inc Self
	Insu
509	Washington Wholesalers Ins
	Со
510	State Fund Workers

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	19
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
	Compens Ins
511	Administrative Consultants
512	Blue Cross Blue Shield Of Fl
513	Group Benefits Services
514	Phoenix Mutual Life Ins
515	Duke And Co Employee Ben
	Manag
516	The Principal Financial
	Group
517	Plumbers Pipefitters Med
	Fund
518	Employee Benefit
	Management Co
519	Central Bene Natl Life Ins
	Со
520	Fortis Benefits Ins Co
521	Blue Cross Blue Shield Of
	Mo
522	Alicare Inc
523	Rural Electric Grp Ins
	Adminis
524	Metropolitan Life Ins Co
525	Blue Cross Blue Shield Of
	Tx
526	Claimsware Inc
527	Health Risk Management
528	The Mega Life & Health Ins
	Co
529	Bc/Bs Of Maine
530	Tpa Of Fort Worth
531	Acordia National
532	Bc/Bs Of Central New York

CODE	NAME
533	"Diversified Group Admin.,
	Inc."
534	Aff Teams Hlth/Wel Md-
	Loca 1311
535	Piedmont Administrators
536	First Health - Utah
537	Globe Life & Accident Ins.
	Co.
538	Community Mutual Ins Co
539	Bc/Bs Of Western Pa
540	Cigna
541	The Guardian
542	Alliance Assurance Co
543	Travelers-New York
544	"United Medical Resources,
	Inc"
545	Health Source Ins Group
546	American Cont Life Ins Co
547	Travelers-Dental-New York
548	Hmo Of Virginia
549	A Consulting Services
550	Aetna Health Plan-Ohio
551	Fce Benefit Administrators
552	First Hlth Advantage-
	Providian
553	Pro Claim Admin Inc
	(Proclaim)
554	"Coresource, Inc (Nc)"
555	Metrahealth
556	"Coresource, Inc"
557	Duke Benefits Services
558	Pharmacy Network Nat

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	20
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
	Corp
559	Bankers United Life
	Assurance
560	Qualchoice Of Virginia
561	Grge Washington Univ Hlth
	Plan
562	Metro Life Ins Co (De)
563	Ba Mullican Lumber/Manuf
	Со
564	Home Life Gp Ben & Serv
	Inc
565	Continental Assurance Co
566	Aetna Life Ins Co - Tx
567	Bc/Bs Of Wi
568	Nat Tele Coop Assoc/Grp
	Hlth
569	Ampro Fisheries Company
570	Value Rx
571	Harrington Benefit Services
572	"Partners Nat Hlth Plans,
	Nc"
573	Group Insurances Services
574	Associated Benefits Corp Of
	Tn
575	"Fountainhead Admin, Inc"
576	Singer Furniture - Roanoke
577	Humana Health Plan
578	Blue Cross And Blue Shield
	Tn
579	Chubb Lifeamerica Ins. Co
580	Spectrum Administrators
581	General Health Benefits

CODE	NAME
582	Blue Cross And Blue Shield
	Nj
583	Healthtrust
584	Blue Cross And Blue Shield
	Ms
585	Aminitron
586	Travelers Plan Admin Of
	Tenn
587	Gallagher Bassett
588	Alexandria Hospital Plan
589	Provident Lief And Accid
590	Healthsource Provident-
	Medical
591	Nasi Welfare Fund
592	"Willse & Associates, Inc"
593	Claim Management Service
594	"Penn Western Benefits, Inc"
595	Philadelphia American Life
	Ins
596	"Jonbil, Inc"
597	Electro-Mechanical Corp
598	Columbia Forest Products
599	Federal Black Lung Assoc
600	Jefferson Pilot Life Ins Co Tn
601	General Electric Med
	Benefits
602	E.B.C. Mid-Americal
603	Helath Network America
604	Mennonite Mutual Aid
605	The Travelers-Managed
	Care Sys
606	Life Insurance Co Of N

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	21
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
	Amer
607	Medical Claims Management
	Corp
608	Metra Hlth/Railroad
	Accounts
609	Mamsi
610	Caremark Prescription Serv
	Div
611	Mid-Atlantic Med Serv
612	New York Life/Health Plus
613	Weiman Upholstery
614	Acordia National-Bc/Bs Of
	Ky
615	"Powell Mountain Coal Co,
	Inc"
616	Nobel Group Benefits
617	Blue Cross/Blue Shield Of
	Nj
618	U S Healthcare
619	Mckee Foods Group
	Benefits
620	State Farm Insurance
621	Blue Cross/Blue Shield Of
	Iowa
622	Bassett Furniture
623	"Brenco, Inc"
624	Blue Cross/Blue Shield Of
	Sc
625	"New River Industries, Inc"
626	Blue Cross/Blue Shield
	Kansas
627	Cost Management

CODE	NAME
	Technologies
628	Blair Mill Administrators
629	Centra Health Benefits
630	Man-U Ser Contract Trust
	Fund
631	William Talley Sign Co
632	"B.P.S., Inc"
633	Celtic Life Ins Co
634	Ladd Medical Claims Dept
635	Self Insured Serv Co
636	Shoosmith Brothersinc Hlth
	Pln
637	Manchester Group Health
	Plan
638	Doane Products Co Group
	Bene
639	Educators Mutual Life
640	Central Carolina Warehouse
	Grp
641	Mange-Medical-Claimsware
642	Electrical Welfare Trust Fund
643	Prudential Insurance
	Company
644	Met Life Dental
645	Great West Life & Annuity
	Ins
646	Bassett Employee Benefits
647	Anthem Life
648	Cigna Hlthcare Of Va
649	John Hancock
650	John Deere Hlth Care
651	Hilston Valley Med Ctr

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	22
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
652	The Guardian
653	Sothern Health Tpa
654	"Network Insurance, Inc"
655	Rocco Benefits
656	Manpower
657	Lab Dist Co Hl & Wel Trst Fd#2
658	Mass Mutual Unicare
659	"Jones, Hill & Mercer Empl Bene"
660	Blue Cross And Blue Shield
661	Aetna Life Ins Co-
	Pennsylvania
662	Carilion Health Plans
663	Aetna Life Ins Co-Florida
664	Cigna-Deleware
665	Starmark
666	Medicare Part B-Railroad
667	Aetna Health Plan-
	Oklahoma
668	First Health-Maryland
669	Great West Lfe Assur Co
	Pittsb
670	Continental Life And
	Accident
671	"Tyson Foods, Inc"
672	Strategic Resource Company
673	Washington Gas & Light Co
674	Aetna Life Ins Co -Mass
675	Dental Hlth Admin & Conslt Sr
676	Faison Insurance Associates

	T
CODE	NAME
677	Teacher's State Employees'
678	"Health Plans, Inc"
679	Federated Mutual Ins.
680	Acordia Benefits Of The
	South
681	"Adminitron, Inc."
682	Acordia Benefits
683	"Heatac, Inc."
684	Virginia Sprinklers
685	Managed Prescription
	Services
686	Pulaski Furniture
	Corporation
687	Piedmont Community Health
	Plan
688	Consumer Dental Care
689	"Alta Health Strategies, Inc"
690	Metraheatlh
691	"Aetna Life Ins Co-Tyler,
	Tx"
692	"Employees Plan, Inc"
693	Federal Emp Bene-Trigon
	Bcbs
694	"Donovan Benefit Systems,
	Inc"
695	"Express Scripts, Inc"
696	National Prescription Adm-
	Npa
697	"Kirk Van Orsdel, Inc"
698	Blue Cross & Blue Shield
	Ohio
699	Goodyear Group Ins.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	23
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
700	Indianapolis Newpapers Inc
701	Virginia Health Network
702	Epoch Group
703	United Healthcare
	Corporation
704	The New England Care Hlth
	Plan
705	Columbia Hosp Corp Of
	America
706	Provantage
707	Mediplus
708	First Allmerica Finan Life
709	Bc/Bs Of Ct
710	Central United Insurance Co
711	Aetna Life Ins Co - Calif
712	"Donnkenny Apparel, Inc."
713	Allmerica Financial
714	Srx Pharmacy Specialists
715	Healthsource Provident
716	Bc/Bs Of Pa (Capital)
717	L & H Administrators
718	Graphic Comm & Nat'l H &
	W Fnd
719	Reliastar (Presto Prod-
	#187119)
720	Metropolitan Life Ins Co-Ill
721	Qualchoice Of North
	Carolina
722	Aetna Health Plan-Mid-
	Atlantic
723	Wisconsin Phys Serv/Insur-
	Tec

CODE	NAME
724	Gateway Health Alliance
725	Corporate Health
	Administrator
726	Aetna Life Ins Co -
	Michigan
727	Prudential Ins Co (Albany)
728	Trigon Administrators - Nc
729	Aetna Life Ins Co -
	Reading
730	Bc/Bs Of Puerto Rico
731	"Aetna Life Ins Co -
	Fresno, Ca"
732	Standard Insurance
	Company
733	First Health
734	Blue Cross/Blue Shield-Calif
735	Bc/Bs Of Arkansas
736	Aetna Ins Co Kentucky
737	Aetna Health Plan - Illinois
738	Blue Cross/Blue Shield
739	Anthem Blue Cross/Blue
	Shield
740	Prudential Healthcare Group
741	Positive Care Administrators
742	"Tyson Foods, Inc-
	Temperancevill"
743	"Employee Benefit Services,
	Inc"
744	Allied Administrators
745	Principal Hlth Care Of Mid-
	Atl
746	Centra

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	24
Chapter Section	Page Revision Date	
Eligibility Information		

CODE	NAME
747	The Darby Choice Program
748	Prudential Healthcare
749	Peninsula Healthcare
750	Interactive Medical Systems
751	Value Behavioral Health
752	"Hewitt, Coleman, &
	Associates"
753	Usa Health Network
754	Great West
755	Mediplan
756	Cna Insurance Co
757	Southampton Mem Hosp-
	Vicare Ad
758	Aetna Life Ins Co-
	Delaware
759	"Health Plan Services, Inc."
760	United Hlthcare
	Administrators
761	Nyl Care
762	"Mcelroy Metal Mill, Inc"
763	Alliance
764	United Health Care
765	Optimum Choice
766	Unicare Group Claims
767	Cha Health
768	United Healthcare
769	Little Caesar Franchise Ben
	Pl
770	Starbridge/Star Human Res
	Grp
771	Bc/Bs Of Rochester Area
772	Emphesis

CODE	NAME	
773	Kentucky Utilities Company	
774	The Guardian (Washington)	
775	Line Construction Benefit	
	Fund	
776	New York Life	
777	Unicare	
778	Bc/Bs Of Minnesota	
779	Crawford & Company	
780	Blue Cross Blue Shield Of	
	Va	
781	Provident Lfe & Acc-	
	S.Carolina	
781	Provident Lfe & Acc-	
	S.Carolina	
782	"Bunker Hill Foods, Inc"	
783	Cigna - New Mexico	
784	Benefit Concepts Insurance	
785	Humana Employers Health	
786	Bc/Bs Of Utica (New York)	
787	The Centennial Life Ins. Co.	
788	"Preferred Health Plan, Inc."	
789	Benefix/Olan Mills Gr Med	
	Plan	
790	Jefferson-Pilot (Blue Rdg	
	Adm)	
791	Cuna Mutual Ins Co-Credit	
	Unio	
792	Ameritas Dental Care	
	Division	
793	Pittman And Associates	
794	Commonwealth Health	
	Alliance	

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	25
Chapter Section Eligibility Information	Page Revision Date	

CODE	NAME	
795	Benefit Assistance Corp	
796	Coastal Lumber Health Care	
797	Aramark	
798	Vicare	
799	Primary Health Services	
800	ABC-Assoc Bldrs &	
	Contractors	
801	Kemper National Ins	
	Company	
802	Workmans Oil Inc.(Acs	
	Group)	
803	Wynn's	
804	The Tpa	
805	Community Health	
806	American Health Services	
807	"Mvp Select Care, Inc"	
808	Bc/Bs Of Delaware	
809	Great West Life Assur Co	
	Ohio	
810	Primary Physician Care	
811	Southeastern Pipetrades	
812	"Administrative Services,	
	Inc"	
813	Carday Associates	
814	Phoenix Group Services	

CODE	NAME
815	"Land-O-Sun Dairies, Inc."
816	Tucker Administrator
817	Self Funding Administrators
818	Maksin Management Co.
819	United Healthcare
820	National Elevator Industry
	Hlt
821	Inter-Rail Trans. Inc.
822	"Manus, Inc."
823	Pilgrim Health Care
824	Georgetown Health Plan
825	"Aetna Life Ins Co-
	Hartford, Ct"
826	Davis-Garvin Agency
827	Diversified Pharm. Services
828	"Advanced Paradigm, Inc."
829	Alliance Ppo
830	Providian Life & Health Ins
999	Medicare - Part B
4096	Laborers Dirst
4317	Optimum

NOTE: This listing is the way the information appears in the DMAS files. Updated Carrier Listings can be obtained by contacting DMAS' Third Party Liability Unit.

Chapter	Page
Client Eligibility	27
Page Revision Date	
	Client Eligibility

EXHIBIT III

TYPE OF COVERAGE CODES

Code	Type of Coverage
A	Hospital
	Covers room and board, radiographs, lab tests, and other charges while the policy holder is a hospital inpatient.
В	Medical/Surgical
	Covers lab, radiograph, and surgery performed by a doctor or a clinic.
C	Hospital and Surgical
	Combination of A and B.
D	Hospital, Surgical, and Major Medical
	Combination of A and B plus major medical. Major medical covers such items as office visits, prescription drugs, and medical supplies and usually requires a specified deductible.
E	Medical/Surgical and Major Medical
	Combination of B with major medical.
${f G}$	HMO (Health Maintenance Organization)

Prepaid health plan for services at a specified clinic

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	28
Chapter Section	Page Revision Date	
Eligibility Information		

Code	Type of Coverage
·	-

H Medicare Part B

SMI—Supplemental Medical Insurance covers physician services, outpatient services, Home Health Care, and some medical supplies (Most beneficiaries with Part A coverage will be entitled to Part B, since Medicaid will buy-in Part B premiums. Beneficiaries with a Medicare claim number ending in "M" will be eligible for Part B only.)

J Medicare Part A

HI—Hospital Insurance covers inpatient hospital services and a limited number of skilled care days.

K Medicare Extended

A commercial policy that supplements Medicare. Covers a percentage of Medicare coinsurance and deductible.

L Medicare Extended Plus Major Medical

K plus Major Medical—Additional coverage includes prescription drugs and some items not covered by Medicare and usually requires a deductible for services covered by major medical.

M CHAMPUS

Civilian Health and Medical Program for Uniformed Services covers dependents of individuals on active duty or retired from the military.

N FEP (Federal Employee Program)

Covers current and retired federal employees. Includes hospital, surgical,

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	29
Chapter Section Eligibility Information	Page Revision Date	

and major medical coverage.

pter	Page
Client Eligibility	30
e Revision Date	
	Client Eligibility

~ .	
<u>Code</u>	Type of Coverage
P	Income Protection (Indemnity Policy)
	Pays a predetermined amount to the beneficiary while confined to a hospital.
Q	Cancer Insurance
	Covers certain medical expenses only if the beneficiary is treated for cancer.
R	Prescription Policy
	Pays for prescription drugs. Usually a small deductible is required for each prescription.
S	School and Accident Policies
	Covers certain medical expenses only if the beneficiary is injured at school or receives an accidental injury.
T	Dental Insurance
	Covers specified dental care.
U	Court-Ordered Medical Care by Absent Parent
${f v}$	Vision Care

Covers specified vision care. This coverage usually includes eye exams,

glasses, and contact lenses.

Manual Title	Chapter	Page
State/Local Hospitalization Program Manual	Client Eligibility	31
Chapter Section Eligibility Information	Page Revision Date	

<u>Code</u>	Type of Coverage
\mathbf{W}	Workers' Compensation
	Covers medical care for on-the-job injury. This care must be performed by a specified provider or clinic.
${f Z}$	Coverage by an absent parent